

U.S.DepartmentofHousingandUrbanDevelopment
OfficeofPublicandIndianHousing

SmallPHAPlanUpdate
AnnualPlanforFiscalYear: 2002

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

**PHA Plan
Agency Identification**

PHAName: Municipality of Aguas Buenas

PHANumber: RQ082

PHAFiscalYearBeginning:(mm/yyyy) 07/2002

PHA Plan Contact Information:

Name: Hon. Buenaventura Dávila Roldán, Mayor

Phone: 787-732-8621

Name: Joseph R. Montalvo, Housing Director

Phone: 787-732-4185

TDD:

Email(if available): vivienab@prtc.net

Public Access to Information

**Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)**

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☒ Main administrative office of the local, county or State government **-Mayor's Office**
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

PHA Programs Administered :

- ☐ Public Housing and Section 8 ☒ Section 8 Only ☐ Public Housing Only

Small PHA Plan Update

AnnualPHAPlan

FiscalYear20 02

[24CFRPart903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title.

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Administrative Plan –rq082a01	
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Organizational Chart –rq082c01	

ii. Executive Summary

[24CFR Part 903.79(r)]

At PHA option, provide a brief overview of the information in the Annual Plan

This same Annual Plan provides a continuation of a process that was started in fiscal year 2000, which is substantiated by a framework for the local accountability and an easily identifiable source by which public housing residents, participants in the tenant-based assistance program, and other members of the public may locate the basic policies, rules and requirements concerning its operations, programs and services as provided by the Municipality of Aguas Buenas.

The Municipality of Aguas Buenas has an established Housing Department to administer the Housing Choice Voucher Program, as well as other Tenant-based subsidized housing programs in order to assist financially distressed families in meeting their housing needs, mainly decent, safe and sanitary housing as well as to their health and well-being. Various studies have been carried out demonstrating the heightened difficulty faced by low-income households in their struggle to locate safe, decent and affordable housing. This increasing need for housing assistance is one of the essential factors which must be analyzed by government entities when establishing their respective housing policy. There are two major philosophy components in the tenant-based subsidized housing program:

- ❑ **To give extremely low-income and low-income families the opportunity of choice and mobility in selecting where they choose to live;**
- ❑ **Maintain the essential elements of a private relationship between the tenant and the landlord on matters other than rent.**

As a result of this philosophy the families who benefiting from the Housing Choice Voucher Program, which is tenant-based and does not tie the participant to any particular housing unit.

This Municipality also administers various tenant-based subsidized housing programs geared towards certain sectors of the population in general to afford them the same opportunities as other extremely low-income and low-income families within the general population. The programs being administered by the Municipality of Aguas Buenas are as follows:

- **HOPWA** – a program geared to provide assistance to a member of the family that is HIV positive or has AIDS. This is done in conjunction with the Municipality of San Juan. We have a partnership to administer this same program.
- **Family Unification Program** – a program geared to provide assistance to extremely low income and moderate income families whereby they are threatened by the Commonwealth Child Welfare Agency in the removal of the children from the home due to the environment under which they live, or have already been removed. In essence, the family needs a safe, decent and sanitary dwelling unit so that the family may be united. Our Municipality in conjunction with the Commonwealth Department of the Family administers this program.
- **Family Self Sufficiency** – a program whereby strategies are developed to coordinate the use of housing assistance under the auspices of the Housing Choice Voucher Program (Section 8) with public and private resources. Hence, enabling extremely low-income and low-income families, who are eligible to receive said assistance to achieve economic independence, and self-sufficiency.

The purpose of the Municipal program is to assist the families during financial distress and gradually reduce the amount paid by the program in an efficient manner, while at the same time motivating these families, which is directly related to both the major commitments and priorities of the U. S. Department of Housing and Urban Development (HUD). The Municipality of Aguas Buenas is Tenant based (Section 8) only PHA.

The Annual Plan of Aguas Buenas as presented herein furthers HUD's statutory goal of merging the Certificate and Voucher Program, respectively, in accordance with the Quality Housing and Work Responsibility Act of 1998, 24 CFR 903, Section 545, whereby, the Municipality of Aguas Buenas has established a unified vision of community actions. This same Plan will permit Aguas Buenas a chance to shape the various programs presented herein into effective, viable, and coordinated strategies, involving citizen participation.

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

The Municipality of Aguas Buenas does not contemplate any significant changes and deviation in its policies or programs from the previous year's PHA Plan that is not covered in other sections of this same Plan.

2. Capital Improvement Needs

[24 CFR Part 903.79(g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☐ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ _____

C. ☐ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5 - Year Action Plan

The Capital Fund Program 5 - Year Action Plan is provided as Attachment

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment

3.D Demolition and Disposition

[24 CFR Part 903.79(h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☐ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937) (42 U.S.C.

1437p))intheplanFiscalYear?(If“No”,skiptonextcomponent;if
“yes”,completeoneactivitydescriptionforeachdevelopment.)

2.ActivityDescription

Demolition/DispositionActivityDescription (NotincludingActivitiesAssociatedwithHOPEVIorConversionActivities)	
1a.Developmentname:	
1b.Development(project)number:	
2.Activitytype:Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3.Applicationstatus(selectone) Approved <input type="checkbox"/> Submitted,pendingapproval <input type="checkbox"/> Plannedapplication <input type="checkbox"/>	
4.Dateapplicationapproved,submitted,orplannedforsubmission: <u>(DD/MM/YY)</u>	
5.Numberofunitsaffected:	
6.Coverageofaction(selectone) <input type="checkbox"/> Partofthedevelopment <input type="checkbox"/> Totaldevelopment	
7.Relocationresources(selectallthatapply) <input type="checkbox"/> Section8for units <input type="checkbox"/> Publichousingfor units <input type="checkbox"/> Preferenceforadmissiontootherpublichousingorsection8 <input type="checkbox"/> Otherhousingfor units(describellow)	
8.Timelineforactivity: a. Actualorprojectedstartdateofactivity: b. Actualorprojectedstartdateofrelocationactivities: c.Projectendeddateofactivity:	

4.VoucherHomeownershipProgram

[24CFRPart903.79(k)]

A. ☒ Yes ☐ No: DoesthePHApplantoadministeraSection8Homeownershipprogram pursuanttoSection8(y)oftheU.S.H.A. of1937,asimplementedby24 CFRpart982?(If“No”,skiptonextcomponent;if“yes”,describethe programusingthetablebelow(copyandcompletequestionsforeach programidentified.)

B.CapacityofthePHAtoAdministreaSection8HomeownershipProgram

ThePHAhasdemonstrateditscapacitytoadministertheprogramby(selectallthatapply):

- ☒ Establishingaminimumhomeownerdownpaymentrequirementofatleast3percent andrequiringthatatleast1percentofthedownpayment comesfromthefamily’s resources

- ☒ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24CFR Part 903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component PHA eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. ☐ Yes ☐ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____
- C. ☐ Yes ☐ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. ☐ Yes ☐ No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24CFR Part 903.79(r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. ☒ Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s? _____
2. If yes, the comments are attached at Attachment (Filename) _____ Attachment H
3. In what manner did the PHA address those comments? (select all that apply)
- ☐ The PHA changed portions of the PHA Plan in response to comments. A list of these changes is included ☐ Yes ☐ No: below or ☐ Yes ☒ No: at the end of the RAB Comments in Attachment _____ H.
- ☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment _____.
- ☐ Other: (list below)

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here)

Commonwealth of Puerto Rico

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- ☒ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- ☐ Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

☐ Yes ☐ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan:

- Change to rent (minimum rent), admission policies and/or organization of waiting list;
- Addition of new activities not included in the current Annual Plan or 5-Year Plan;

- Any change with regard to home ownership program or any other subsidized housing program administered by the Municipality of Aguas Buenas.

B. Significant Amendment or Modification to the Annual Plan:

The following programs will be adopted and implemented in the new fiscal year. These programs will be administered utilizing existing HUD regulations covering the Housing Choice Voucher Program, 24 CFR Part 982, as well as those established and agreed to by the Municipality of Aguas Buenas concerning the administration of the locally administered HOPWA Program. The following programs shall be implemented commencing in the new fiscal year 2002 -2003:

1. A program to assist the elderly with payments of water, electricity, housing assistance payments. This program will be run jointly between the Municipal Housing Department and the Community Affairs Office as well as the Senior Citizens Center, which is a quasi non-profit agency within the Municipality of Aguas Buenas.
2. A temporary renter's assistance program to assist very low income households rent a safe, adequate and hygienic dwelling unit in the private market. This program will run jointly with the local Municipal Federal Affairs Office, which is implementing a moderate rehabilitation program. Should there exist a need for relocation of these same families then they will be referred to our Department for servicing.
3. An emergency fund will be set up to assist current families within our Subsidized Housing Program with deposits for light, water and rent deposits. This program will be administered similar to a loan program, whereby the families will be obligated to repay the Municipal Housing Department. The loans to the family will be interest free. This same program will also assist the families who are in dire need of assistance with the purchase of articles of first priority. This program will be a joint venture between the local office of the Department of the Family, the Municipal Community Affairs Office and the Mayor's Office. The families seeking this service must first have exhausted any and all other resources.

Attachment A

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
	Public Housing Admission and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan PHA ADMINISTRATIVE OFFICE ATTACHMENT Rq082a01 -submitted to Local HUD Office	Annual Plan: Eligibility, Selection, and Admissions Policies
	Public housing rent determination policies, including the method for setting public housing flat rents <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	Schedule of flat rents offered each public housing development <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan Section IX, page 37	Annual Plan: Rent Determination
	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP) – Located in the PHA Administrative Office	Annual Plan: Management and Operations
X	Any required policies governing any Section 8 special housing types <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan Section XXV, page 64	Annual Plan: Operations and Maintenance
	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan Section XXI, page 60	Annual Plan: Grievance Procedures
	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99 -52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
X	Policies governing any Section 8 Homeownership program (section XXVI of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies Part of the Attachment to Five Year Plan	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8 Located at PHA Administrative Office and Submitted to HUD local office along with Five Year Plan.	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHA/s participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHA/s participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) Section X, page 33 Annual Plan <input type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	<p>The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings Hard Copy Submitted to HUD Local Office</p>	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Rec overy Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName:		Grant Type and Number Capital Fund Program: Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant:
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: </div> <div> <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report </div> <div> <input type="checkbox"/> Revised Annual Statement (revision no:) </div> </div>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non dwelling Structures				
13	1475 Non dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName:		Grant Type and Number Capital Fund Program: Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant:
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report			<input type="checkbox"/> Revised Annual Statement (revision no:)
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
24	Amount of line 20 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHAName:		Grant Type and Number Capital Fund Program#: Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant:			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHAName:		Grant Type and Number Capital Fund Program #: Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant:		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	

CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)

PHAName:

GrantTypeandNumber

CapitalFundProgram#:

CapitalFundProgramReplacementHousingFactor#:

FederalFYofGrant:

[illegible]

CapitalFundProgram5 -YearActionPlan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA -wide physical management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5 -Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP5 -YearActionPlan			
<input type="checkbox"/> Originalstatement <input type="checkbox"/> Revisedstatement			
Development Number	DevelopmentName (orindicatePHAwide)		
DescriptionofNeededPhysicalImprovementsorManagement Improvements		EstimatedCost	PlannedStartDate (HAFiscalYear)
Totalestimatedcostovernext5years			

PHA Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD 50075 - PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Section 1: General Information/History

A. Amount of PHDEP Grant \$ _____

B. Eligibility type (Indicate with an “x”) **N1** _____ **N2** _____ **R** _____

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. This summary must not be more than five (5) sentences long.

E. Target Areas

Complete the following table by indicating each PHDEPTarget Area (development or site where activities will be conducted), the total number of units in each PHDEPTarget Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEPTarget Areas (Name of development(s) or site)	Total # of Units within the PHDEPTarget Area(s)	Total Population to be Served within the PHDEPTarget Area(s)

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an “x” to indicate the length of program by # of months. For “Other”, identify the # of months).

12 Months _____ **18 Months** _____ **24 Months** _____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balance should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Dates should include any HUD -approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant#	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY1995						
FY1996						
FY1997						
FY1998						
FY1999						

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP -funded activities. This summary should not exceed 5 -10 sentences.

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FFY _____ PHDEP Budget Summary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110 – Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TAMatch	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
TOTAL PHDEP FUNDING	

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise — not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 –ReimbursementofLawEnforcement					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

9115 -SpecialInitiative					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

9116 -GunBuybackTAMatch					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9120 -SecurityPersonnel					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9130 –EmploymentofInvestigators					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9140 – VoluntaryTenantPatrol					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFundin g (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9150 - PhysicalImprovements					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9160 -DrugPrevention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9170 -DrugIntervention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9180 -DrugTreatment					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9190 -OtherProgramCosts					TotalPHDEPFunds:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

Required Attachment F: Resident Member on the PHA Governing Board

1. ☐ Yes ☒ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

B. How was the resident board member selected: (select one)?

☐ Elected

☐ Appointed

C. The term of appointment is (include the date term expires):

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a fulltime basis

☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

☒ Other (explain):

The PHA is located in a State where the Housing Choice Voucher Program (Section 8 Tenant -Based) is run by the local municipal government. The executive director of the PHA is the locally elected Mayor of the City.

B. Date of next term expiration of a governing board member:

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Required Attachment G: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

The Resident Advisory Board for the Municipality of Aguas Buenas' locally administered Housing Choice Voucher Tenant -Based Program was elected on March 15, 2002. The board is composed of nine (9) members and the term for the board is one year. Annually the families come together to vote and elect their board members. The following is a list of the members that make up the board.

1. President

Mr. Miguel Lozada -Flores
PMB2039 PO Box 4953
Caguas, 00726 -4953
2. Vice-president

Mrs. Ana M. Fred
PO Box 1036
Aguas Buenas, PR 00703 -1036
3. Secretary

Mrs. Carmen S. Guzman
PO Box 764
Aguas Buenas, PR 00703 -0764
4. Treasurer

Mrs. Sandra L. Roque -Calderon
89 Munoz Rivera Street, Apt. #1
Aguas Buenas, PR 00703
5. Vocal

Mrs. Idalia Agosto
15 Ramon de las Barcena Street
Aguas Buenas, PR 00703

6. Vocal

Mrs.JohannaDelValle
POBox787
AguasBuenas,PR00703 -0787

7. Vocal

Mrs.MariaFalcon -Diaz
PMB2039POBox4953
Caguas,00726 -4953

8. Vocal – Representing the Residents of the Espiritu Santo Hosuing Project

Mrs.MariaT.Vargas
EspirituSantoHousingProject
AguasBuenas,PR00703

Required Attachment H: Resident Advisory Board (RAB) Recommendations and Response

RAB Comments and Recommendations

The RAB that was elected on March 15, 2002 and sworn in by your duly elected Mayor, Buenaventura Davila Roldan, on April 4, 2002. The board met that very same day with the Housing Director and member staff of the Housing Department.

It was explained to the RAB the purpose of the meeting. Handouts of the proposed budget for fiscal year 2002 -2003 were handout as well as instructions in Spanish of the significance of the RAB.

Overall the RAB approved the plan and all of its contents. They did give the following suggestions:

1. The RAB would like to meet and visit family participants to verify if they need anything and to introduce themselves as members of the new RAB.
2. The RAB was very interested in participating and helping with Seniors Program that will be implemented in July 2002.
3. The board discussed the possibilities of incorporating itself within the established State laws.
4. The board discussed the possibilities of establishing after-school activities for the youth who are in the program.
5. The board discussed the possibilities of establishing and implementing workshops for different areas concerning youths and teenagers in today's society and the issues that these same youthshavetoface.
6. The board discussed the possibilities of establishing a majorette team that would not only represent the Housing Department but also the Municipality at different official functions.
7. The board discussed the possibilities of having fundraisers for the necessary funding for the different activities, which they would like to hold.

The following was the PHA response to the Board suggestions:

1. The PHA saw no problem with what the board was proposing and welcome the assistance provided by the RAB in as far as visiting different communities but in particular the very same participant families.
2. The PHA welcomed the opportunity to work with the RAB on its Seniors Program along with the Senior Citizen Center.
3. The PHA informed the RAB that funding was limited but the possibility did exist that the Housing Department could meet some funding for the different workshop geared towards participating youths.

4. The PHA welcomed and gave the green light to the establishment of the majorette team as well as other recreational activities proposed by the RAB for the youths.
5. The PHA gave the RAB the green light on the fundraiser and advised the RAB to make sure that they mentioned that they participants of the Housing Program but they are not requesting funds for anything other than proposed activities. Essentially, that they are not requesting funds for the Municipality or representing City in anything.

RequiredAttachmentI: RequiredAttachments

1. Statement of Housing Needs is located in the attached annual supplement, Section XI, page 33.
2. Statement of PHA Rent Determination policy is located in the attached annual supplement, Section XI, page 43 and the Administrative Plan, Section IX, page 37.
3. Statement of PHA Grievance Procedure policy is located in the attached annual supplement, Section XI, page 42 and the Administrative Plan, Section XXI, page 60.
4. Statement of Progress in Meeting the Five Year Plan Mission and Goals is located in the attached supplement, Section IV, page 22.
5. Statement of PHA Code of Conduct is located in the attached annual supplement, Section III, page 3 and the Administrative Plan, Section VI, page 7.